

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	11-21-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	GR	6480	1-2

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	1/29/02
2	✓	✓	5/1/03
3	✓	✓	1/29/03
4	✓	✓	3/3/04
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	0
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
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21	✓	✓	✓
22	✓	✓	✓
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25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
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Claim	Final Office Action	Date
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If more than 150 claims or 10 actions
staple additional sheet here